

STATE OF IOWA

MASTER AGREEMENT

EFFECTIVE BEGIN DATE: 04-01-2010 EXPIRATION DATE: 03-31-2011 PAGE: 1 of 3

Contract Declaration and Execution

VENDOR:

Sourceone Healthcare Tec 8020 Tyler Blvd PO Box 8002 Mentor, OH 44061-8002 USA VENDOR CONTACT:ISSUER:Evangelo KarantonisJEANETTE CHUPP

PHONE: 800-248-1172 EXT: 11382 PHONE: 515-281-6288 EMAIL: evangelo.karantonis@sourceonehealth.conEMAIL: Jeanette.Chupp@iowa.gov

FOB FOB Dest, Freight Allowed

Contract For: Imaging Products at HPPI Pricing thru ServiShare

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement.

Attachment 1: General Terms and Conditions for service/goods posted at web sites:

http://das.gse.iowa.gov/terms_goods.pdf and http://das.gse.iowa.gov/terms_services.pdf

Attachment 2: Provista GPO, Member Participation Agreement

Attachment 3: DX60015 for Imaging Product Distribution.

Attachment 4: Individual Facility Authorization Distribution Agreement(s) as completed by individual State Facilities.

NOTE: All orders must indicate "Provista Member"

Web Site for ordering/reports/MSDS Sheets: www.sourceonehealth.com

CUSTOMER SERVICE / Customer Express for product orders, return authorization and invoice questions

Phone: 800-635-9729 FAX: 866-842-9089

PROCESSOR SERVICE "Customer Support Center": Phone 800-693-2620

Sales Account Manager: Evangelo Karantonis for price quotations:

Phone: 800-248-1172 ext. 11382

FAX: 440-701-1376

E-Mail: evangelo.karantonis@sourceonehealth.com

RENEWAL OPTIONS

 FROM
 04-01-2009
 TO
 03-31-2010

 FROM
 04-01-2010
 TO
 03-31-2011

 FROM
 04-01-2011
 TO
 03-31-2012

 FROM
 04-01-2012
 TO
 03-31-2013

 FROM
 04-01-2013
 TO
 04-30-2013

AUTHORIZED DEPARTMENT

ALL

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	STATE OF IOWA	
CONTRACTOR'S NAME (If other than an individual, state whether a corp., partnership, etc.	AGENCY NAME	
BY (Authorized Signature) Date Signed	BY (Authorized Signature) Date Signed	
Printed Name and Title of Person Signing	Printed Name and Title of Person Signing	
Address	Address	



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2 of 3

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LINE NO.	QUANTITY / SERVICE DATES UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
1	0.00000	8989062	\$0.000000
			\$0.000000
		RADIOLOGY SUPPLIES, MISC.	
		RADIOLOGY SUPPLIES, MISC.	
2	0.00000	8983550	\$0.000000
			\$0.000000
		FILM, X-RAY, MEDICAL AND DENTAL	
		X-RAY FILM	
3	0.00000	89830	\$0.000000
			\$0.000000
		Film Developing and Processing Equipment (Except Dental)	: Au
		Film Developing and Processing Equipment	
4	0.00000	89878	\$0.000000
			\$0.000000
		Radiological Equipment and Accessories (Not Otherwise Cl Radiological Equipment and Accessories	assi
5	0.00000	8981035	\$0.000000
			\$0.000000
		DEVELOPER AND FIXER, X-RAY	
		DEVELOPER AND FIXER	
6	0.00000	8989042	\$0.00000
			\$0.000000
		HOLDERS, X-RAY FILM	
		FILM HOLDERS	
7	0.00000	89890	\$0.000000
			\$0.000000
		X-Ray Supplies: Film Hangers and Holders, Labels, Marker Film Hangers and Holders	s an
8	0.00000	89878	\$0.000000
			\$0.000000
		Radiological Equipment and Accessories (Not Otherwise Cl Radiological Accessories	assi
9	0.00000	96286	\$0.000000
			\$0.000000
		Transportation of Goods and Other Freight Services Transportation and Freight	



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04-01-2010 03-31-2011

PAGE: 3 of 3

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TERMS AND CONDITIONS

Terms & Conditions Goods

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement.

General Terms and Conditions for goods contracts are posted at: http://das.gse.iowa.gov/terms_goods.pdf Terms & Conditions Service

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement.

General Terms and Conditions for service contracts are posted at: http://das.gse.iowa.gov/terms_services.pdf